

PREA AUDIT REPORT ☐ INTERIM ☒ FINAL
JUVENILE FACILITIES

Date of report: September 25, 2017

Auditor Information			
Auditor name: Debbie Unruh			
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Telephone number: 512-431-4051			
Date of facility visit: June 6-7, 2017			
Facility Information			
Facility name: McFadden Ranch			
Facility physical address: 3505 Haynes Rd, Roanoke TX 76262			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 817-491-9387			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Jimmie Prince			
Number of staff assigned to the facility in the last 12 months: 41			
Designed facility capacity: 48			
Current population of facility: 47			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 14-18			
Name of PREA Compliance Manager: Sherlon Didier		Title: Assistant Superintendent	
Email address: Sherlon.didier@tjjd.texas.gov		Telephone number: 817-491-9387	
Agency Information			
Name of agency: Texas Juvenile Justice Department			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 11209 Metric Blvd, Bldg H, Austin TX 78758			
Mailing address: <i>(if different from above)</i> PO Box 12751, Austin TX 78711-2757			
Telephone number: 512-491-7130			
Agency Chief Executive Officer			
Name: David Reilly		Title: Executive Director	
Email address: david.reilly@tjjd.texas.gov		Telephone number: 542-490-7004	
Agency-Wide PREA Coordinator			
Name: Jerome Williams		Title: Director/PREA Coordinator	
Email address: Jerome.williams@tjjd.texas.gov		Telephone number: 512-491-7671	

AUDIT FINDINGS

NARRATIVE

The McFadden Ranch PREA Audit was conducted on June 6-7, 2017. This was the second audit of the facility; the first occurred on July 21-23, 2014 during which time the facility became fully PREA compliant after implementing seven corrective actions. McFadden Ranch is a Texas Juvenile Justice Department (TJJD) halfway house located in Roanoke, Texas. The audit was conducted by Debbie Unruh a U.S. Department of Justice Certified PREA auditor and assisted by Allen Hall. On the morning of the first day of the audit, the auditor and assistants were accompanied by supervisory staff during a facility tour of all campus buildings and informally interviewed staff members and residents throughout the tour. Following the facility inspection, formal interviews with staff members and youth were conducted in private offices in the main building. McFadden staff members walked youth to and from the interviews, and the pre-selected staff members were interviewed according to the schedule developed by the Compliance Officer. On the second day, interviews were completed and the on-site documentation review was completed. Additional documentation was organized by each standard in a portable file cabinet, which was placed in the conference room provided to the auditor for the duration of the audit.

Pre-Audit

Pre-audit preparation included sending the PREA audit notification to the facility Compliance Officer and verifying the notices included necessary contact information and were posted throughout the facility on brightly colored paper at least six weeks prior to the audit, photos demonstrating timely postings were uploaded to the auditor. The Pre-Audit Questionnaire (PAQ), TJJD policies, TJJD and facility procedures, and documentation supporting compliance with each standard were uploaded to a secure agency drive. The auditors reviewed the PAQ, policies, and documents including organization charts, mission statement, protocols, staffing plans, various contracts, and training curricula that were provided for each standard. Questions and requests for clarification and additional information were listed in a comments section by standard in a Compliance Tool and sent to the Compliance Officer and PREA Coordinator. Responses were received within the document, returned via email, and reviewed by the auditors. Follow-up phone calls were exchanged to gain further clarification and to discuss the audit process. A list of all staff members including those with specialized designations such as administrators, medical and mental health staff, first responders, monitors of retaliation, investigative staff, and staff responsible for supervising youth in isolation was provided. A list of current youth at the facility was also provided and organized into categories such as youth who reported a sexual abuse, are limited English proficient, or who identify as lesbian, gay, bisexual, or intersex (LGBTI). The TJJD Human Resources Administrator, who is located off-site at the central office, provided a snapshot of completed initial and annual criminal background checks, fingerprinting status, and hire dates of employees randomly selected by the auditors, on Tuesday, June 13th.

On-Site

The auditor met with the facility Superintendent and the Compliance Officer, who also serves as the Assistant Superintendent, to further discuss the on-site portion of the audit and facility inspection methodology. These staff members accompanied the auditors during the walkthrough of all buildings including dorms, offices, interior and exterior mechanical and storage closets, education, the cafeteria, and the work out area. During the inspection, consideration was given to camera placements and potential blind spots, the configuration of living units and restroom and shower areas, programming activities and education, the level of youth supervision, indicators of any area lacking sufficient monitoring, and PREA notifications and posters. Throughout the tour, brief informal interviews were conducted with staff and youth in the security units, education building, and in dorms.

Formal interviews were conducted with staff members and youth following the facility inspection on the afternoon of the first day and the morning of the second day. The auditors randomly selected staff members and residents. Correctional, supervisory, and specialized staff representing different levels of seniority and authority assigned to all three shifts; medical and mental health care staff; agency and facility department heads; contracted services director; and youth from all dorms representing a sample of diverse special characteristics were interviewed in private offices. The SAFE/SANE nurse and director of a local rape crisis center were interviewed by telephone to discuss the agreement in place with the facility to ensure access to services. One volunteer was also interviewed by telephone to discuss the PREA training he received.

The interviewers used the U.S. Department of Justice's National RPEA Resource Center's Interview Protocols for Juvenile Facilities for guidelines and interview questions. Responses to questions regarding youths' and staff members' knowledge of PREA policies, reporting responsibilities, first responder and investigative duties, and training were compiled and integral to determining PREA compliance. A mental health professional was available to provide services should a youth need them after an interview.

The second day of the on-site portion also included reviewing additional documentation for each standard provided by the Compliance Officer and requested by the auditors. Youth intake and master files were reviewed to determine intake protocols and safe housing reassessments.

An overview and general PREA compliance, facility staff and youth knowledge of the PREA, and actions to be taken following the on-site portion were discussed during an exit meeting with the TJJD PREA Compliance Director, and the facility Compliance Officer.

An Interim PREA Audit Report indicating compliance with each standard was provided to the facility Compliance Manager and PREA Compliance Department Director on June 20, 2017. Corrective action was requested for each unmet standard.

DESCRIPTION OF FACILITY CHARACTERISTICS

The McFadden Ranch is a medium-restriction facility in Roanoke, Texas that serves adolescent males between the ages of 14 and 18. The facility has a design capacity of 48 youth and houses only males. There are twelve bedrooms in the house, with four residents assigned to each room. There were 47 residents assigned to McFadden Ranch the day of the audit. This facility provides high need drug and alcohol treatment, sex offender treatment for residents who are addressed as moderate need level, as well as aftercare sex offender treatment. McFadden Ranch also provides Anger Replacement Therapy (ART) to all residents assessed as needing this service. The average length of stay for youth is approximately 7 months.

Entry into and exit from the facility is controlled by the front office. There are 5 buildings on the complex. One of them is the school, which is maintained by the school district. The school does not have any cameras and the school district had not agreed to have them installed at the time of the audit. Youth may be assigned directly from the Orientation and Assessment Unit or may arrive after spending time at one of the state secure facilities. From January 2016 to January 2017, 121 youth entered the facility. McFadden Ranch does not have a segregation area and youth are not placed in any type of segregation. Youth receive on-site medical services from the University of Texas Medical Branch (UTMB), a nurse/doctor visits the facility weekly and year-round education is provided through the Roanoke Independent School District. Sexual Assault Medical Exams are conducted off site at Medical City of Denton, Denton, Texas. Bedrooms share a common day room. Each bedroom contains a bathroom with a shower, sink and toilet. The bathroom can be locked and one youth at a time is allowed in the room. The facility employs 41 staff members, and has authorized 19 volunteers and contractors who may have contact with youth. The Office of the Inspector General conducts criminal investigations, the Administrative Investigation Division (AID) conducts administrative investigations.

SUMMARY OF AUDIT FINDINGS

The initial report findings included 34 standards in compliance, 0 standards in noncompliance, no standards exceeding compliance, and zero standards that did not apply. Interviews with staff and youth verified they had received training and information regarding the right to be free from sexual abuse and harassment. Additionally, they stated multiple ways to report the allegations. The facility has an extensive video monitoring system with cameras located throughout the interior and exterior of all buildings.

The facility's prevention efforts include a zero-tolerance of sexual abuse and harassment evidenced by policy, documentation, and interviews; the education of youth regarding the policy; requirements of contracted entities to adhere to the same zero tolerance; staffing plans intended to protect youth against sexual abuse; and disallowing or limiting cross-gender viewing. Staff members interviewed provided inconsistent responses regarding cross-gender pat downs. The facility conducts unannounced rounds. Policy requires employee background checks to be conducted annually. The facility has an extensive camera system which greatly reduces the possibility of blind spots; additional cameras arrived during the audit to be added to the outside of the buildings. Two of the storage buildings and the room used for exercise equipment do not have cameras and according to staff, cameras could not be added due to a wiring issue. The cameras being added to the outside of the main building will be focused on the out buildings to provide additional safety by capturing who is entering and exiting the buildings.

Evidence of responsive planning includes the training of investigators to obtain usable physical evidence. No forensic medical examinations have been necessary, but facility protocol stipulates that youth requiring the examination would be transported to a local medical center. The number of administrative and criminal investigations of sexual abuse and harassment reported on the Pre-Audit Questionnaire was zero. Records and interviews were sufficient to determine TJJD investigators attend specialized training in sexual abuse investigations.

Training and education included annual staff training addressing PREA-specific topics. Youth PREA education occurs during intake at the TJJD's orientation and assessment campus. Interviews with youth indicated PREA education has continued at McFadden Ranch and group discussions take place every Friday. During interviews, staff said they had received PREA training. Interviews with volunteers and staff reflected a need for additional training for Cross Gender searches and Transgender searches. During the corrective action period the facility provided a copy of the training curriculum and rosters of all staff attending refresher training on Cross Gender searches. A follow up visit and interviews verified the training and staff knowledge.

Youth are screened for risk of sexual abuse victimization and abusiveness during intake, but it did not appear safe housing screenings takes place throughout their confinement that have all the element for a risk screening. A new safe housing screening tool was adopted and implemented during the corrective action period a follow up visit verified the use of the new housing reassessment tool.

Number of standards exceeded: 0

Number of standards met: 34

Number of standards not met: 7

Number of standards not applicable: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. GAP 380.9337 (a), (b), (d)(1-2)
3. Halfway House Operations Manual
4. McFadden and TJJD organizational charts

Interviews:

1. PREA Compliance Manager
2. PREA Coordinator

Findings:

(a): The Texas Juvenile Justice Department (TJJD) General Administrative Policy (GAP) 380.9337 along with the Halfway House Operations Manual outline TJJD's written policy mandating zero tolerance toward any form of sexual abuse, sexual harassment, or sexual activity as well as TJJD's response to allegations of sexual abuse. The policies includes PREA-related definitions of prohibited behaviors, general provisions, prevention planning, responsive planning, training and education, screening for risk, reporting, responses following a report, investigations, disciplinary sanctions, medical and mental health care, incident reviews, and data collection and storage.

(b): The TJJD has a designated agency-wide PREA Coordinator who is assigned to the Central Office location in Austin, TX. They have assigned facility-level PREA Compliance Officers at each of its facilities. The Compliance Officer at McFadden Ranch also holds the position of Assistant Superintendent and reports to the facility Superintendent. The organizational chart indicates the PREA Coordinator reports to the Director of Monitoring and Inspections at the Central Office. The PREA Director acknowledges he has sufficient time and authority to oversee agency efforts to comply with the PREA standards in all of the TJJD facilities.

(c): The TJJD has multiple facilities and employs a PREA Director and the agency designates a PREA Compliance Officer at each facility. The primary responsibility of the Director is to coordinate PREA compliance efforts at each of the TJJD facilities. The Compliance Officer at the facility is responsible for PREA compliance efforts at his or her respective campus. The PREA Compliance Officer at McFadden reported he has sufficient time to manage his PREA responsibilities. The Compliance Officer reports to the PREA Director on PREA compliance issues as well as the Superintendent of the facility.

Standard 115.312 Contracting with other entities for the confinement of residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. GAP 380.9337 (e)
3. Contracts the agency has entered into for the confinement and care of youth
4. Contract Provider: PREA Continued Compliance Monitoring form
5. Multiple Contract Residential Site Visit Forms

Interviews:

1. TJJD Manager of Youth Services Contracts

Findings:

(a): Even though McFadden Ranch does not enter in to contracts on its own, the agency does maintain multiple contracts. The TJJD's policy requires all new or renewed contracts for residential placement to comply with the PREA standards. The TJJD website indicates it contracts with seven entities. Five of these are required to comply with the PREA standards. The other two are foster care/group homes that do not require PREA compliance. The contracts for the facilities required to comply with the PREA were provided and include language stating the contractor will "self-monitor" for compliance as well as acknowledge that "TJJD will conduct announced and unannounced compliance monitoring visits." The contract also states the contractor is "responsible for paying for a PREA audit every three years..." and during the "non-audit period, TJJD will perform an audit at no cost to Contractor to ensure continued compliance with the PREA." The contract for one of the facilities that does not require PREA compliance was provided and includes language stating that the "Service Provider will be required to provide PREA education to both staff and youth as well as post TJJD zero tolerance posters in common areas of the facility/foster home."

(b): The TJJD's Manager of Youth Services Contracts described her monitoring responsibilities which include conducting site visits, making observations, and spot checking all contracted facilities for compliance with the PREA standards. Of the seven contracted facilities, two of those facilities are not required to be PREA compliant. Those facilities fall into the category of foster care/group home. Their contract does stipulate they will provide PREA training to their staff. This training is something that is monitored by the Manager of Youth Services as indicated in her interview and observed on the site visit form.

Recommendation: The contract language states that "an audit" will be performed by TJJD at no charge. No evidence of a completed audit during non-audit years was provided. An interview with the designated PREA monitor indicated this is a spot check not a full audit. The auditors recommend revising the language of the contracts to cover exactly what reviews are actually completed.

Standard 115.313 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. GAP 380.9337 (e)
3. Halfway House Operations Manual 09.13
4. Staffing plans
5. Unannounced Visit forms that include the staff member's name, shift, and observation notes
6. Facility ratio reports

Interviews:

1. Superintendent

2. Compliance Officer

Findings:

(a): The TJJD policy, 380.9337 (e) requires each facility to develop a written staffing plan that considers staffing levels and patterns, video monitoring, and deviations from the plan. The Superintendent must approve the plan for each living unit with consideration given to each element:

- a. Generally accepted detention and correctional practices
- b. Any judicial findings of inadequacy
- c. Any findings of inadequacy from Federal investigative agencies
- d. Any findings of inadequacy from internal or external oversight bodies
- e. All components of the facility's physical plan
- f. The composition of the offender population
- g. The number and placement of supervisory staff
- h. Institutional programs occurring on a particular shift
- i. Any applicable State or local laws regulations, or standards
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- k. Any other relevant factors.

The auditor was provided with a memo dated March 3, 2017 from the TJJD Director of State Programs and Facilities, Michael Turner, describing the development process, which includes three phases and the actions taken during each phase. These include conference calls with facility superintendents; in-person meetings and occasional consultation with finance leadership and the Director of PREA Compliance; and a review by the Senior Director of Finance, the Compliance and Accountability Officer, and the Director State Programs and Facilities

The Superintendent and Compliance Officer stated each item in this section is considered when updating the facility staffing plan. The plan is developed around a 48 bed capacity. The Superintendent stated he participates in the development process and provides input and justifications regarding staffing needs.

(b): The facility reports and the ratio reports were reviewed and indicate the facility did not deviate from the staffing plan in the past 12 months. TJJD policy states that deviations are only permitted during limited and exigent circumstances and that any deviation and the reason for the deviation must be documented.

(c): TJJD policy 380.9955 requires the facility to maintain a staff-to-youth ratio of 1:8 during youth waking hours and 1:16 during youth sleeping hours. Only security staff members are included in the ratio. McFadden considers any staff member who has completed Juvenile Correctional Officer training a security staff member. In the event ratio is not being met, staff will be required to stay over and work overtime to maintain the 1:8 ratio. Shift logs were provided indicating examples of when staff worked over to meet ratio.

(d): TJJD policy requires the assessment, determination, and documentation of the consideration of adjustments needed to the staffing plan, staffing patterns, video monitoring, and resources committed to ensure adherence to the staffing plan. The TJJD Director of State Programs and Facilities provided a document describing the development process, which includes three phases and the actions taken during each phase. The Senior Director of Finance, the Compliance and Accountability Officer, and the Director State Programs and Facilities review the plan. The Superintendent, Director of Secure Facility Operations, Senior Director of State Programs and Facilities, and the PREA Compliance Director approve the plan, which is indicated by their signatures. The Superintendent stated she participates with TJJD Central Office staff in the development process and provides input and justifications regarding McFadden Ranch staffing needs. The PREA Compliance Director stated he confers with the facility Superintendent and Central Office staff regarding actual and future staffing needs for McFadden Ranch. The facility provided monthly staff meeting minutes indicating topics that were discussed and camera work orders.

(e): TJJD policy requires managerial staff members to conduct and document unannounced rounds at medium restriction facilities at least once per month on each shift. Policy also prohibits staff members from notifying other staff members that unannounced rounds are occurring. The auditor was provided a copy of the Unannounced Visit forms that include the staff member's name, shift, and observation notes prior to the audit and additional Unannounced Visits and shift log sheets on site. During the interviews supervisory staff responsible for conducting unannounced visits said they are required to do so and document them on the Unannounced Visit form. They said staff are discouraged from alerting other staff that unannounced visits are occurring and that they varied the times and routine of the rounds so they are unexpected. Due to the layout of this facility it would be difficult for staff to not be aware when a supervisor enters the building.

Standard 115.315 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. GAP 380.9337 (e)(4)
3. GAP 380.9709 (f)(2)
4. Dorm Module # 18: Cross Gender Search
5. TJJD Professional Development Lesson Plan including a narrative with Key Points
6. Shift and search logs

Interviews:

1. Compliance Officer
2. Superintendent
3. Random correctional staff
4. Youth

Findings:

(a): TJJD policy prohibits cross-gender pat-down searches and maintains restrictions and limitations on cross-gender searches in accordance with the Youth Search Policy 380.9709 (f)(2) in which it states staff conducting a pat-down search must be of the same gender as the youth being searched, except in exigent circumstances. Interviews with staff and youth verify that searches are conducted by staff of the same gender. Staff reported they had been trained on exigent circumstance cross gender searches, but many could not articulate how to perform such searches, and a few could not describe an exigent circumstance. Some staff confused cross gender searches with transgender searches.

(b): TJJD policy prohibits cross-gender pat-down searches except in exigent circumstances. The agency's policy defines exigent circumstances as any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security of institutional order to the facility. The training Dorm Module # 18: Cross Gender Search was provided to the auditor. The training provided the definition of exigent circumstances and covered one example of an exigent circumstance. During interviews, all youth reported being pat searched by a same-gender staff member, and none reported being searched by a cross-gender staff member. There are currently no youth at McFadden Ranch who identify as transgender or intersex. In the past 12 months, there were no youth placed at the facility who identified as transgender.

(c): TJJD policy requires that all room and pat-down searches, including any performed by cross-gender staff, are documented and include the purpose of the search. Search logs were provided during the on-site audit and included the dorm, youths' names, items found, reason for the search, and the staff member who conducted the search. No cross-gender pat-down searches were noted.

(d): TJJD policy has been implemented that enables youth to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incident to routine cell checks..

Policies and procedures require staff of the opposite gender to announce their presence when entering a youth housing unit or area where youth are likely to be showering, performing bodily functions, or changing clothing. During interviews with staff members and youth they reported opposite-gender staff members announce their presence when entering the dorms. Signs were observed during the tour reminding staff to announce their presence when entering a dorm where youth of the opposite gender were being housed.

(e): TJJD policy does not permit searching or examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. During the audit, there were no youth at McFadden who identified as transgender or intersex. During interviews with staff they verified an understanding of the procedures for dealing with transgender and intersexed youth.

(f): The TJJD has trained all staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a

professional and respectful manner, and in the least intrusive manner possible. The training curriculum was provided to the auditor.

Corrective Action Required: Provide additional training to address staff members' inconsistent responses regarding cross-gender pat-down searches. Provide a curriculum page or lesson plan detailing the procedures for cross-gender pat-down and strip searches.

Corrective Action Completed: The agency provided a copy of the memo that was distributed to all facility heads, requiring them to read a script detailing cross gender pat-downs at Town Hall meetings. A copy of the script was provided. It contained the following:

- States that cross-gender pat searches are only allowed in exigent circumstances
- Provides examples of exigent circumstances
- Indicates cross-gender pat searches are demonstrated during the town hall meeting
- Defines transgender and intersex
- States youths' gender preference is assessed monthly
- States air (non-touch) searches are no longer allowed for any youth

There was also a change in the search procedures where the practice of performing air (non touch) search would no longer be used. This section was being removed from the On the Job Training Module. A sampling of TRN- 956s, Credit for Informal Training, were reviewed to verify attendance by staff. Interviews were conducted, at the follow up visit, with three of the staff who were on the 956 to validate their knowledge.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. GAP 380.9337 (e)(5)
3. MCFADDEN RANCH list of translators
4. Contracts with special education teachers
5. PREA script in English and Spanish
6. Contract sign language interpreting service uploaded in Background section

Interviews:

1. Youth with intellectual disability
2. Youth with limited English proficiency
3. TJJD Executive Director
4. Staff members who provide initial PREA training to youth
5. Owner of San Marcos Interpreting Services

Findings:

(a): The TJJD has taken steps to ensure youth with disabilities have equal opportunity to participate in and benefit from TJJD's efforts to prevent, detect, and respond to sexual abuse. Effective communication with these youth includes a contract with San Marcos Interpreting Service for the Deaf, contracts with a special education teacher for youth needing speech therapy and for youth who are visually impaired, and staff members who can assist with sign language. The owner of the interpreting service said the most current fully executed contract she had is dated February 2017. The contract provided to the auditors states the language interpreting services are provided to Giddings State School and the Austin metropolitan, Travis County area, but the owner of the interpreting service said it was for all TJJD facilities.

During interviews with youth, they gave varying descriptions of how they have received information about PREA and TJJD's Zero Tolerance Policy. Their descriptions varied from having the information read to them, receiving handouts and watching a video. Many youth reported they had received the information multiple times during their stay in TJJD. Recently the script was revised to accommodate

youth at a lower reading level. The implementation was started immediately and has been used for the last 6 weeks. The Youth Handbook also was revised to accommodate youth at a lower reading level. Youth who were interviewed were able to describe the information they received during orientation and through additional updates. Youth were able to articulate how to make reports and felt comfortable in their knowledge of the different resources available to make reports. One youth who has an intellectual disability reported understanding the information he received regarding McFadden's zero tolerance policy and reporting options. A staff member who provides the initial PREA training said he questions youth on their understanding of the policy and explains the information again when necessary.

(b): TJJD has taken steps to ensure youth who are limited English proficient have equal opportunity to participate and benefit from TJJD's efforts to prevent, detect, and respond to sexual abuse. Bilingual staff members are utilized as English/Spanish translators and English and Spanish versions of the PREA Orientation Script, PREA posters, and youth handbooks are available. Revisions to the orientation script and the youth handbook were provided to the auditor in the Spanish version.

(c): TJJD policy prohibits the use of youth to interpret, read, or otherwise assist except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first-responder duties, or an investigation. TJJD attempts to select interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. McFadden reports no occurrences of the use of youth interpreters in the last 12 months. Staff members stated they would not use youth interpreters except in exigent circumstances. A list of staff available to interpret was provided.

Standard 115.317 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. GAP 380.9337 (e)(6)(A-G)
3. PRS 02.07
4. GAP 385.8181(d)(1)
5. PRS 02.08 (f)(1)(A)(ii)
6. Snapshot provided by the TJJD Human Resources Administrator showing hire date, initial and annual criminal background checks, and fingerprint dates

Interviews:

1. Human Resources administrative staff

Findings:

(a): TJJD policy prohibits hiring or promoting anyone who may have contact with youth and using the services of any contractor who may have contact with youth if the person 1) has engaged in sexual abuse in a prison, lockup, community confinement facility, juvenile facility, or other institution or 2) has been convicted or civilly or administratively adjudicated of engaging or attempting to engage in such activities. Personnel files and a snapshot of randomly selected employees and contractors indicated proper criminal record background checks are conducted.

(b): TJJD policy requires the consideration of any incidents of sexual harassment in determining whether to hire, promote, or contract for services. Interviews with Human Resources administrative staff demonstrated compliance with this practice. Files of staff who were promoted were reviewed for the above considerations and found there had not been any incidents.

(c): TJJD policy requires that before hiring a new employee who may have contact with youth, TJJD conducts 1) a criminal background check, 2) child abuse registry check, 3) contact of prior institutional employers to determine any substantiated allegations of sexual abuse or

any resignation during a pending investigation of an allegation of sexual abuse. Forms placed in each personnel file include Background Reference Check, Internal Background Review, Disclosure of PREA Employment Standards Violation, and Child Abuse Registry Check Consent Form. The facility reports that in the past 12 months, criminal background checks were conducted for 6 persons hired who may have contact with youth. Interviews with Human Resources administrative staff verified the practice of conducting such checks for all employees.

(d): TJJD policy requires that TJJD performs criminal background checks and consults the child abuse registry before enlisting the services of a contractor who may have contact with youth. A sampling of background checks indicate a criminal background was conducted for contractors prior to having contact with youth. The facility reports that in the past 12 months, criminal background checks were conducted for contracts for services for all staff covered in the contract that may have contact with youth.

(e): TJJD conducts annual criminal background checks. Personnel files and a sampling of initial and annual checks support compliance with this subsection.

(f): TJJD policy requires that applicants and employees who may have contact with youth have an affirmative duty to disclose misconduct described in Subsection (a). The Disclosure of PREA Employment Standards Violations form placed in each personnel file supports compliance with this subsection.

(g): TJJD policy requires that material omissions regarding such misconduct or the provision of materially false information is grounds for termination. The employment application, used by the agency, states this information prior to the applicant's signature.

(h): TJJD policy requires that unless prohibited by law, TJJD provides information on substantiated allegations of sexual abuse or harassment involving a former employee upon receiving a request from an institutional employer for whom the former employee has applied to work. Interviews with Human Resources staff support compliance with this practice.

Standard 115.318 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Facility map with buildings and camera numbers

Interviews:

1. Superintendent
2. Executive Director

Findings:

(a): This subsection is not applicable, as the facility has not made substantial expansions or modifications.

(b): This subsection is not applicable, as the facility has not made any changes to the camera system. It must be noted that while on site additional cameras arrived for installation to the outside of the building.

Standard 115.321 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed . Questionnaire
2. GAP 380.9337 (f)
3. GAP 385.8183

Interviews:

1. Staff members
2. SAFE/SANE for Medical City of Denton, Denton, Texas
3. Compliance Officer
4. Youth

Findings:

(a): The TJJD Office of the Inspector General (OIG) is responsible for conducting all criminal investigations, including youth-on-youth sexual abuse or staff sexual misconduct. The Administrative Investigations Division (AID) conducts all other sexual abuse and harassment allegations of an administrative nature involving staff members.

(b): The investigators follow a uniform evidence protocol, A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, Second Edition, April 2013. A copy was provided to the auditor and is appropriate for youth.

(c): TJJD policy requires that when evidentiary or medically appropriate, TJJD transports youth who experience sexual abuse to a hospital that can provide for medical examination by a SANE or SAFE. If such exams are necessary, McFadden transports youth to Medical City of Denton, Denton, Texas. This agreement was verified during the phone interview with the SAFE/SANE. TJJD policy requires that medical examinations by a SAFE/SANE are provided at no financial cost to the youth. TJJD contracts with the University of Texas Medical Branch for medical services to each of its facilities. Based on emails provided to the auditor, UTMB requires all of its medical facilities to have a SAFE/SANE nurse available. Therefore, any medical facility that contracts with TJJD would be able to provide a SAFE/SANE exam. A list of medical facilities was provided to the auditor and the hospital named by staff was on the list.

(d): An MOU with Abigail Arms Cook County Family Crisis Center, an area sexual assault shelter, indicated an agreement was established to provide services. The auditors interviewed the Director of the shelter to verify victim advocacy services would be provided if needed. The number to the shelter is provided to youth if the youth refuses mental health services from a McFadden Ranch mental health professional. During interviews, the majority of youth were not aware of this or any outside service. The Compliance Officer interview responses supported compliance with this practice.

(e): A list of mental health professionals was provided as potential staff members who are available to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. The outside shelter is used only after a youth refuses in-house services. Appropriate training was provided to the staff and a copy of the curriculum was provided to the auditor indicating staff receive additional training to serve in this capacity.

(f): This subsection is not applicable as the agency is responsible for criminal investigations.

Standard 115.322 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaires
2. GAP 380.9337 (f)(2)(A), (k)(1)

Interviews:

1. TJJD Executive Director
2. Investigative staff members
3. TJJD website: <http://www.tjjd.texas.gov/>

Findings:

(a): The TJJD is responsible for conducting both criminal and administrative (staff misconduct) investigations. Policy outlines the responsibility of the OIG to review all allegations of sexual abuse and harassment, including those received by third party and assign each allegation to the appropriate TJJD department to complete a criminal or administrative (staff misconduct) investigation. Officers who are responsible for these investigations have received special training in sexual abuse investigations involving juvenile victims. Random certifications for training were viewed by the auditor. A uniform evidence protocol, National Protocol for Sexual Assault Medical Forensic Examinations, Second Edition, April 2013, is used that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

McFadden Ranch, OIG, and AID reported no allegations of sexual abuse and sexual harassment received over that past 12 months on their respective Pre-Audit Questionnaires (PAQ):

(b): TJJD policy requires that all allegations of sexual abuse or harassment are reported to the TJJD OIG, which reviews, assigns, and documents each allegation. Policy governs both administrative (staff) and criminal investigations and is posted on the TJJD website. During interviews, investigative staff supported compliant investigative practices. A review of the website verified the information is made public.

(c): This standard does not apply; the agency is responsible for conducting criminal investigations.

Standard 115.331 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. GAP 380.9337 (g)(1)(A)
3. PREA and Preventing Sexual Misconduct staff development lesson plan with course description, performance objectives, materials
4. Direct Care Staff New Hire Development: Juvenile Health lesson plan
5. OJT Juvenile Health lesson plans
6. PREA Training and Acknowledgment Form and Sign-In Sheet for Annual Training of medical and mental care staff
7. Meeting the Needs of Gender Diverse Youth training PowerPoint
8. Relational Language Handout
9. Town Hall Sign-In Sheets for "Cross-Gender Script" training

Interviews:

1. Medical and Mental Health Care staff members
2. Random staff members

Findings:

(a): TJJD policy states it will provide PREA-related training to all employees who may have contact with youth. Policy stipulates the eleven elements required in that training. During interviews, medical and mental health care staff and random staff members reported they had been trained on each element during new-hire and annual refresher training and received PREA-specific trainings during Friday meetings. Lesson plans address each item and provide an overview of the PREA as well as TJJD policy and practices related to sexual abuse.

(b): The training materials are tailored to the unique needs of juveniles and address gender-specific communication. TJJD policy requires additional training if an employee is reassigned from a facility that houses only male youth to a facility that houses only female youth. Interviews with staff indicate there have not been any staff who were recently transferred from a female unit, so no additional training has been required.

(c): The facility reports that 41 employees who may have contact with youth are currently employed by the facility; all were trained or retrained on the PREA requirements outlined in Subsection (a). A memo from the Asst. Superintendent stated that all employees have been trained as of the date of the audit. It was reported that all new hires are presented the Zero Tolerance training in the new hire training before they are assigned to work with the youth. Staff interviews indicate this is the practice.

(d): A sample of new-hire and annual PREA Training Sign-In Sheets and Acknowledgment forms and Friday staffing sign-in sheets supported compliance with TJJD policy and this subsection requirement to document that employees received and understood the PREA training.

Standard 115.332 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. GAP 380.9337 (g)(2)
3. Training records

Interviews:

1. Volunteers who have contact with youth

Findings:

(a): TJJD policy requires that all volunteers and contractors who have direct access to youth are trained on and understand their PREA-related responsibilities and procedures. The facility reports that the 19 volunteers have such access and have been trained. During interviews, volunteers reported receiving training on their responsibilities regarding sexual abuse prevention, detection, and response. They said they were trained on how to make a report, what should be reported, and how to identify the signs of abuse. They reported receiving a packet that was reviewed with the facilitator.

(b): The facility reports that the level and type of training the volunteers and contractors receive is based on the services they provide and level of contact with youth. The 2011 Edition of the Volunteer Training Manual includes a comprehensive list of PREA-related topics.

(c): A sample of Volunteer Training Sign-In Sheets includes documentation of receipt and acknowledgment of understanding the training.

Corrective Action Required: The training curriculum that is used to educate the teachers from Roanoke ISD does not meet the requirements for this standard. Provide the number of approved teachers, a copy of the approved curriculum, and proof of training for all teachers.

Corrective Action Completed: TJJD has added access for teachers to enter the Training Academy PREA E-Course, Prison Rape Elimination Act-e-Learning Course for Select TJJD Staff. This training has been viewed by the auditor and meets all the required elements for this standard. Proof of participation was provided for the teachers who contract with the facility. An interview with a teacher verified the training was received.

Standard 115.333 Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. GAP 380.9337 (g)(3)

Interviews:

1. Intake staff
2. Random youth

Findings:

(a): All youth committed to the TJJD begin their stay at the O&A at the Ron Jackson facility. Agency policy requires that youth receive comprehensive, age-appropriate information about TJJD's zero-tolerance policy and how to report incidents of sexual abuse or harassment. Each time a youth transfers to a different TJJD facility, he or she receives the same information. The facility reports from January 2016 to January 2017, 870 youth received the comprehensive PREA education. The auditors reviewed a sample of these completed documents prior to the audit and intake files on site to verify youth, at McFadden Ranch, receive PREA education within 10 days of admission.

(b): TJJD policy requires that within 10 calendar days of admission to the O&A Unit, TJJD provides comprehensive, age-appropriate education to youth about 1) their right to be free from sexual abuse or harassment and retaliation for reporting such incidents and 2) TJJD policy and procedures for responding to such incidents. During interviews, intake staff stated that on the first day of admission, intake staff members read the English or Spanish version of the PREA Orientation Script to youth and show the PREA video, Safeguarding Youth Sexual Safety PREA Orientation. The staff member said he asks follow-up questions to ensure the youth comprehends the information. Youth watch the video again and dorm staff members provide a comprehensive PREA education once youth are assigned to a dorm. During the O&A PREA Audit changes were made to the script making it more age appropriate for youth who suffer from learning difficulties. The language was put together by the Special Education Department for the agency. The modified script is being used at McFadden.

(c): TJJD policy requires that TJJD provide the PREA education each time a youth transfers to a different TJJD-operated facility. Staff interviews supported compliance with this practice. Youth also stated they had received the education multiple time during their stay at TJJD.

(d): TJJD policy requires that the agency provide PREA information in formats accessible to all youth including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills. For standard 115.316, a previous audit conducted in March of 2017, requested alternative reading materials and staff training specific to the needs of youth with reading and intellectual disabilities, an agreement with or procedure for using a language line, and an updated contract for translator service.

(e): TJJD documents youth participation in PREA education by requiring youth to acknowledge their understanding by signing and dating the PREA Orientation Training and Acknowledge Form in the presence of a staff witness. Intake staff members complete a checklist that

includes providing the Youth Handbook, which includes PREA-related information and reading/explaining the PREA Script. The acknowledgment form and checklist are placed in the youth's Masterfile. The auditors reviewed a sample of these completed documents prior to the audit and files on site to verify documentation of youth participation.

(f): PREA information is available and visible to youth through posters and Youth Handbooks in English and Spanish. The auditors noted the posters in living units and common areas during the facility inspection. Youth said they receive PREA-related information during intake and again once they are assigned to a dorm.

Standard 115.334 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. GAP 380.9337 (g) (4)

Interviews:

1. Investigative staff
2. TJJD AID training agenda and lesson plan
3. Certificates of Completion of National Institute of Corrections training

Findings:

(a): In addition to the general PREA training, TJJD policy requires that TJJD staff members who investigate allegations of sexual abuse receive specialized training that includes interviewing juvenile sexual abuse victims. The auditors verified the two AID and two OIG facility investigators' certificates of completion of PREA: Investigating Sexual Abuse in a Confinement Setting by the National Institute of Corrections (NIC).

(b): TJJD policy requires investigator training that addresses the elements of this standard. The NIC training includes each element.

(c): The auditors verified certificates of completion of the required training for the AID and OIG facility investigators.

Standard 115.335 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. GAP 380.9337(g)(5)
3. Certificates of Completion of PREA training

Interviews:

1. Medical and mental health care staff

Findings:

(a): TJJD policy requires that full- and part-time medical and mental health staff are trained in how to detect and assess signs of sexual abuse, preserve physical evidence, respond to victims of sexual abuse, and report allegations of suspicions of sexual abuse. Certificates of Completion of the online course PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting by NIC were reviewed for McFadden Ranch Mental and Medical Health Practitioners. An Annual PREA Training Acknowledgment Form and Sign-in Sheet included signatures indicating attendance and understanding of the training. Medical and mental healthcare staff members said they received new hire and annual PREA-related training at McFadden Ranch.

(b): This subsection is not applicable; TJJD policy requires that an off-site Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner conduct forensic medical exams.

(c): The auditors reviewed documentation to verify that medical and mental health care staff received appropriate PREA training. In addition to the NIC online training, all staff members attend annual training, which includes PREA-specific topics.

Standard 115.341 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

2. Pre-Audit Questionnaire
3. GAP 380.9337 (h)(1)
4. Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization
5. Exit Staffing Overview
6. Safe Housing Assessment/Reassessments in the Correctional Care System (TJJD online database)

Interviews:

1. Random youth
2. Staff responsible for risk screening
3. Compliance Officer
4. PREA Compliance Director

Findings:

(a): TJJD policy requires that within 72 hours of intake and periodically throughout their confinement, an objective assessment is used to obtain information about each youth's history and behavior to reduce the risk of sexual abuse by or upon another youth. Policy also requires that information from the screening instrument is used periodically throughout the youth's stay to reassess housing and supervision assignments. The intake case managers complete an additional safe housing assessment prior to assigning a youth to a dorm or room. A safe housing reassessment is also completed upon facility transfer, at least once every 90 days, automatically within one day of a major rule violation proven true in a hearing, turning age 17, or following a serious suicide attempt. A safe housing report indicated safe housing reassessments are current. While the safe housing reassessment is used periodically, it does not ask the 11 items per Subsection (c). The 11 items are discussed with youth only during intake and not again throughout the youth's confinement.

The Exit Staffing Overview describes the weekly process that occurs in the intake unit within 21-28 days following each youth's commitment. The meeting is held to determine and designate the most suitable facility. A discussion takes place involving a mental health specialist, the youth's case manager, an educational representative, and a member of the Centralized Placement Unit. Information including safe housing needs are discussed. The youth is interviewed but it is not clear if the youth is asked the 11 items during the exit staffing.

During interviews, staff members reported using the information from the intake screening tool and the additional safe housing assessment to inform room assignments. Subsequent housing placement decisions are based solely on the safe housing reassessment, which does not address the 11 items in Subsection (c). Youth said they were asked the questions outlined in Subsection (c) during intake but did not remember being asked the questions again throughout their confinement.

(b): The intake assessment, safe housing assessment, and safe housing reassessment are conducted using objective screening instruments.

(c): The intake assessment form is used to obtain the 11 items per this standard, but the assessment is not used again during the youths' confinement including when youth reenter the O&A Unit after being released and then recommitted by a court. The safe housing assessment and reassessment are used for all future housing decisions.

(d): The intake staff member described the intake process as including information ascertained during conversations, mental health screenings, and reviewing youths' case files.

(e): TJJD policy establishes appropriate controls to prevent sensitive information obtained from these screenings from being exploited to the youth's detriment by staff or other youth. During interviews, facility staff members stated the information from the screenings is limited to medical and mental health care staff, the youth's case manager, and supervisory staff.

Corrective Action: While TJJD policy requires that the objective screening instrument is used periodically throughout the youth's stay to reassess housing and supervision assignments, the initial intake screening tool, which includes the 11 items used to assess risk, is only used during intake. Revise the safe housing reassessment to include the 11 items as outlined in Subsection (c).

Corrective Action Completed: TJJD provided a copy of the new safe housing reassessment that includes the 11 items as outlined in Subsection (c). The screening tool does include the language to address LGBTQ youth and their potential risk. A follow up visit was conducted and safe housing reassessment were viewed. The reviewed forms were the newly adopted form which meets this requirement.

Standard 115.342 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. GAP 380.9337(h)(2)
2. GAP 380.9745 (d)(2)
3. GAP 380.9739
4. Exit Staffing Overview

Interviews:

1. Compliance Officer
2. Staff responsible for risk screening

Findings:

(a): TJJD policy requires that information obtained using the screening instrument is used to reassess housing and supervision assignments. However, the reassessment used throughout the youth's stay does not include the 11 items pursuant to standard 115.341. The Compliance Officer and staff members responsible for intake risk screening stated the initial screening instrument is used only once during intake. Subsequent decisions are made using the information obtained in the safe housing reassessment. Interviews with staff verified compliance with this practice.

(b): TJJD policy requires that 1) except under limited situations involving self-injury, TJJD does not place youth in isolation as a means of protection, 2) the placement of youth in protective custody is used only as a last resort, and 3) youth in protective custody receive all standard service delivery and programming requirements. The facility reports no instances of youth at risk of sexual victimization being held in isolation in the past 12 months. Interviews with staff verified compliance with this practice.

(c): TJJD policy requires that LGBTI youth are not placed in particular housing, bed, or other assignments on the basis of such identification. During interviews, the youth who identified as LGBTI reported not being placed in a dorm based on this status. Interviews with staff verified compliance with this practice.

(d): TJJD policy requires that for each transgender or intersex youth, TJJD makes a case-by-case determination when assigning the youth to a male or female facility. No youth who identify as transgender or intersex were placed at the facility during the audit. Interviews with staff verified compliance with this practice.

(e): TJJD policy requires that placement and programming assignments are assessed at least twice per year. Interviews with staff verified compliance with this practice.

(f): TJJD policy requires TJJD to give serious consideration to the youth's own views concerning his or her own safety when making placement and programming assignments. Interviews with staff verified compliance with this practice.

(g): TJJD policy requires that transgender or intersex youth are provided the opportunity to shower separately from other youth. Interviews with staff verified compliance with this practice.

(h): The facility reports that no youth at risk of sexual victimization were held in isolation in the past 12 months. Interviews with staff verified compliance with this practice.

(i): TJJD policy exceeds the 30-day review requirement and provides that at least once every 48 hours following a youth's admission into protective custody, the designated mental health professional reviews the documentation relating the protective custody, including the youth's treatment plan and any other documentation relating the youth's stay in protective custody.

Corrective Action: While TJJD policy requires that the objective screening instrument is used periodically throughout the youth's stay to reassess housing and supervision assignments, the initial intake screening tool, which includes the 11 items used to assess risk, is only used during intake. Revise the safe housing reassessment to include the 11 items as outlined in Subsection (c).

Corrective Action completed: TJJD provided a copy of the new safe housing reassessment that includes the 11 items as outlined in Subsection (c). The screening tool does include the language to address LGBTQ youth and their potential risk. A follow up visit to the facility verified the new tool was being used.

Standard 115.351 Resident reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. GAP 380.9337 (i)(1)
3. TJJD Youth Handbook
4. TJJD Employee Handbook
5. Youth grievances alleging sexual abuse or harassment that staff reported to the Incident Reporting Center

Interviews:

1. Random staff members
2. Youth
3. Youth who reported a sexual abuse
4. Compliance Officer

Findings:

(a): TJJD policy requires that youth may report sexual abuse or harassment, retaliation, and staff neglect by: 1) filing a written grievance, 2) calling the OIG hotline, 3) telling a staff member, volunteer, or contract employee, or 4) calling the Office of the Independent Ombudsman (OIO). During interviews, youth were able to articulate the various ways to make a report, but many said they would not be able to do so privately or anonymously.

(b): TJJD provides youth access to the OIO as a way to report abuse or harassment to an entity outside of the agency. The OIO's phone number and address is included in the Youth Handbook and posted throughout the facility and in each dorm. Youth said they had access to this information.

(c): TJJD policy requires that reports made verbally, in writing, anonymously, and from third parties are accepted and must promptly be reported. A review of serious incident reports indicate allegations received verbally and through the youth grievance system were reported by staff members to the Incident Reporting Center maintained by the OIG. Youth articulated understanding of the various reporting options, but not all said they would be able to report anonymously or privately.

(d): The facility provides youth access to the tools necessary to make a written report. Grievance forms are available in the common areas on the dorms. Youth may drop the completed grievance into one of several locked boxes located in common campus areas. The TJJD OIG and OIO phone numbers are posted throughout the facility. Youth and staff interviews support compliance with this subsection.

(e): TJJD provides staff members the same reporting options as youth, but staff members' responses about reporting anonymously were inconsistent.

Recommendation: Provide additional training to staff members and youth about the ability to make private and/or anonymous reports.

Standard 115.352 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy: 380.9337 (k)
3. Training Records for Investigators
4. Resident Handbook
5. Grievance Policy 380.9331 (d)

6. Youth Rights Procedures Manual

Interviews:

1. Facility Superintendent
2. Random Youth

Findings:

(a): TJJD policy outlines the administrative procedure for dealing with resident grievances regarding sexual abuse.

(b): TJJD policy allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.

(c): TJJD policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

(d): TJJD policy requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. TJJD may request an extension of the 90 day period to respond to the grievance. TJJD always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

(e): TJJD permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. The policy requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

The policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

(f): The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

(g): TJJD policy limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

Standard 115.353 Resident access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. GAP 380.9337 (i)(3)(A), (C)
2. MOU for Abigail Arms Cook County Family Crisis (a local sexual assault shelter)

Interviews:

1. Director of Abigail Arms
2. Youth
3. Youth who reported a sexual abuse

Findings:

(a): TJJD policy requires that youth have access to outside victim advocates for emotional support services related to sexual abuse by making available mailing addresses and telephone numbers. The Compliance Manager stated Abigail Arms Cook County Family Crisis Center phone number is posted in every case manager's office. An interview of The Abigail Arms Cook County Family Crisis Center Director indicated an agreement was established to provide services. During interviews, the majority of youth were aware of Abigail Arms, but could not provide any details of services.

(b): TJJD policy requires that youth are informed, prior to giving them access, of the extent to which communications with outside services related to sexual abuse will be monitored and mandatorily reported. During interviews, staff members and youth communicated understanding of mandatory reporting laws.

(c): An MOU with Abigail Arms Cook County Family Crisis Center indicated an agreement was established to provide services. The auditors interviewed director of the shelter to verify services would be provided if needed.

(d): TJJD policy requires reasonable and confidential access to youths' attorneys and parents or legal guardians. During interviews, youth said they received this access.

Standard 115.354 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. GAP 380.9337 (i)
2. Memo from the Superintendent regarding third party reporting to the OIO
3. TJJD website

Findings:

(a): The TJJD website informs readers about reporting options. The primary referral option is through the Incident Reporting Center maintained by the OIG, but reports may also be made to the OIO, law enforcement agencies, Children's Protective Services, and to the facility directly.

Standard 115.361 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Employee Rules
3. Policy 380.9337(j) (1) (A-F)

Interviews:

1. Facility Superintendent
2. Compliance Manager
3. PREA Coordinator
4. Nurse
5. Random staff

Findings:

(a): TJJD Policy states staff members must immediately report, to the OIG, any knowledge, suspicion, or information received regarding an incident of sexual abuse or sexual harassment. They are also required to report any incident of retaliation against youth or staff who reported such incidents and any staff neglect or violation of responsibilities that may have contributed to an incident. This policy applies to any facility, whether or not it is operated by TJJD. Interviews with staff demonstrate their knowledge of their reporting responsibilities under Texas law, facility policy and PREA regulations.

(b): TJJD policy states all staff must comply with mandatory child abuse reporting laws in Texas Family Code and with applicable professional licensure requirements. Interviews with staff indicate they are aware of and understand mandatory reporting laws.

(c): TJJD policy states that any staff who receives a report of alleged sexual abuse is prohibited from revealing that information and must ensure the confidentiality of information related to a youth. Interviews with staff demonstrate they understand the requirements for sensitive youth information.

(d): TJJD policy requires medical, mental health staff, clergy and attorneys whose communications may otherwise be privileged to report abuse as required by law and to inform youths of the limitations of confidentiality. Interviews with medical and mental health staff confirm compliance with this standard relating to protection of confidential information and required disclosures.

(e): TJJD policy states that the facility administrator must promptly report any allegation of alleged sexual abuse to the parents or legal guardians. If the alleged victim is under the conservatorship of DFPS, the report is made to DFPS.

(f): TJJD policy states that all staff members must immediately report all allegations of sexual abuse and sexual harassment to the OIG. The OIG assigns all reports of alleged sexual abuse and sexual harassment, including third-party and anonymous reports, to the appropriate investigator. Interviews with the facility staff confirmed this is the practice.

Standard 115.362 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy 380.9337 (j) Relevant Documentation and Forms

Interviews:

1. Facility Superintendent
2. PREA Compliance Manager
3. Random Staff

Findings:

(a): TJJD policy states upon receipt of an allegation that a youth is subject to a substantial risk of imminent sexual abuse, TJJD must take immediate action to protect the youth. The agency reports that there have been no instances of this in the past 12 months. All the staff interviewed were able to explain precautions that would be taken to protect the youth.

Standard 115.363 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy 380.9337 (j)
3. Policy 380.9337 (k)(1)

Interview:

1. Facility Superintendent
2. PREA Compliance Manager

Findings:

(a): TJJD policy states that any staff member who receives an allegation that a youth was sexually abused while confined at another facility must immediately notify the OIG, the OIG must notify the head of the facility where the abuse occurred. The agency reports that there have been no allegations of this type received in the past 12 months; additionally, the facility has received no notifications from other facilities in the past 12 months under this standard. The Auditor's interview with the agency head confirmed knowledge of this requirement.

(b): TJJD policy states that the notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation.

(c): There have not been any allegations made, therefore, there have not been any notifications.

(d): TJJD policy does not contain the agencies guidelines requiring that allegations received from other facilities/agencies are investigated in accordance with the PREA standards and are the responsibility of the facility where the alleged abuse occurred

The auditor recommended the language be added to the current policy, due to the fact this is the practice and it is required in the standard.

Standard 115.364 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy 380.9337 (j)

Interviews:

1. Security staff and Non-Security staff First Responders
2. Youth Who Reported a Sexual Abuse
3. Random Staff

Findings:

(a): TJJD policy contains all the required elements of the first responder duties required by this standard when a staff learns of an allegation that a youth was sexually abused. The agency reports that during the past 12 months there have been no allegations of sexual abuse in the facility. Interviews with staff indicate an understanding of their first responder duties and most were able to detail the elements that would be followed to protect the youth and the crime scene.

(b): TJJD policy does not distinguish the first responder duties for security staff versus non-security staff. All staff are considered first responders and all are trained to meet the requirements. Staff that were interviewed were able to recite the requirements of first responders.

Standard 115.365 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy 380.9337 (j)

Interview:

1. Facility Superintendent
2. PREA Coordinator

Findings:

(a): TJJD maintains a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff, first responders, medical and mental health practitioners, investigators, and facility leadership.

The Auditor recommends that the facility post the details of the facilities coordinated written response plan and to meet annually, with all

entities, to discuss the plan.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy None available

Interview:

1. TJJD Executive Director
2. PREA Coordinator

Findings:

(a): This standard is not applicable. TJJD does not participate in any collective bargaining agreements. Texas is an "at-will" employment state and TJJD staff members are not unionized.

Standard 115.367 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy: 380.9337 (j)
3. Documentation of monitoring retaliation

Interview:

1. TJJD Executive Director
2. Facility Superintendent
3. PREA Coordinator
4. Staff Who Monitor Retaliation
5. Youths Who Reported a Sexual Abuse

Findings:

- (a): TJJD policy prohibits retaliation by a youth or staff member against a youth or staff member who reports or cooperates with an investigation. Certain staff members are designated to monitor the person who reported the allegation and the alleged victim for possible retaliation. The facility reports that there have been no incidents of retaliation that have occurred in the past 12 months.
- (b): TJJD uses multiple protection measures to protect youth and staff from retaliation, such as housing changes or transfers for youth, or removal of alleged staff or youth abusers. Staff were able to articulate the ways they would protect and monitor retaliation.
- (c): TJJD policy requires the agency to continue monitoring for retaliation for at least 90 days following a report, except when the allegation is determined to be unfounded. An extension is possible beyond 90 days if needed. Administrators and staff were knowledgeable about the duty to monitor for retaliation for the time periods in this standard.
- (d): TJJD policy requires staff to make periodic status checks of the alleged victim.
- (e): TJJD policy takes appropriate measures to protect any other individual who cooperates with the investigation who may be at risk of retaliation or who expresses a fear of retaliation.
- (f): TJJD policy provides that the agency's obligation to monitor shall terminate if the investigation determines the allegation is unfounded.

Standard 115.368 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy: 380.9337 (j)
3. Memorandum from Superintendent documenting the facilities no isolation policy.

Interview:

1. Facility Superintendent
2. Staff Who Supervise Youths
3. Medical and Mental Health Staff

Findings:

- (a): TJJD policy clearly states segregated housing to protect a youth who is alleged to have suffered sexual abuse is not used. Staff interviews indicate that if isolation is ever used, it would not be for youth who have alleged to have suffered sexual abuse.

Standard 115.371 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy: 380.9337 (k)
3. Investigative Records
4. Substantiated and Un-Substantiated Records
5. Notifications
6. Training Records for Investigators

Interviews:

1. Facility Superintendent
2. Random Staff
3. Investigators
4. Youths Who Have Reported

Findings:

(a): TJJD policy states investigations will be conducted promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. In the past 12 months, the agency has conducted 0 administrative investigations and has had 0 referrals of sexual abuse (occurring in the facility) made to Office of Inspector General (OIG) for criminal investigations regarding a youth at McFadden Ranch.

(b): TJJD policy states that it will use investigators who have received special training in sexual abuse investigations involving juvenile victims per Standard 115.334. All investigators have received certifications from completed training from the National Institute of Corrections (NIC). Investigators interviewed confirmed they took this course and could articulate the key components of the course related to investigations in correctional settings and she confirmed that their investigations follow the requirements of this standard.

(c): TJJD policy requires investigators to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. They will include any available electronic monitoring data, interview appropriate persons and review prior complaints involving the alleged perpetrator. Interviews with investigative staff demonstrate knowledge of how to conduct investigations of this type.

(d): TJJD policy states it will not terminate an investigation because the source of the allegation recants the allegation.

(e): TJJD policy states when the evidence supports criminal prosecution, compelled interviews may be used, but only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

(f): TJJD policy requires investigators to assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the person's status as a youth or staff. The policy states they do not require youth who allege sexual abuse to submit to a polygraph or other truth-telling device as a condition for proceeding with the investigation.

(g): TJJD necessitates administrative investigations to include an effort to determine whether staff actions or failures to act contributed to the abuse. Additionally, policy directs investigators to document the investigation in written reports that include descriptions of the evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(h): TJJD policy requires criminal investigations done by OIG to be documented in a written report that includes the evidence and attaches copies of documentary evidence where possible.

(i): TJJD policy states substantiated allegations of conduct that appear to be criminal are referred for prosecutions.

(j): TJJD policy requires the agency to retain all written investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

(k): TJJD does not terminate investigations solely on the basis that the alleged abuser or victim is no longer with the agency.

(l): TJJD OIG follows the above standards

(m): TJJD policy requires the staff to cooperate with outside agencies who conduct investigations and to remain informed about the progress

of the investigations.

Standard 115.372 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy: 380.9337 (k)(2)
3. Sample Investigation Reports

Interviews:

1. Facility Superintendent
2. Administrative Investigator

Findings:

(a): TJJD policy states that the standard of proof to be used by the agency in administrative investigations is a preponderance of the evidence. The interview with the agency investigator confirmed his knowledge of the required standard of proof and that his practice was to use "preponderance of the evidence" in agency investigations.

Standard 115.373 Reporting to residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy: 380.9337 (k)
3. Sample of Substantiated and Unsubstantiated Complaints
4. Youth Notifications

Interviews:

1. Facility Superintendent
2. Investigative Staff
3. Youths Who Reported Sexual Abuse

Findings:

(a): TJJD policy states that up until the time a youth is discharged from TJJD, the facility will inform the youth regarding whether the allegation has been substantiated, unsubstantiated, or unfounded. Interviews with investigative staff corroborate this is the practice. The agency reports that in the past 12 months, there were no notifications. The interview with the agency investigator confirmed that the notifications required under this section would be provided as a part of all investigations. The notifications are provided to the facility and facility staff make the notification to the youth.

(b): If an outside agency conducts the investigation, information will be requested from the investigating agency so that the youth may be informed.

(c): TJJD policy requires notification of the youth when (i) the staff member is no longer posted within the youth's unit; (ii) the staff member is no longer employed at the facility; (iii) the staff member has been indicted; (iv) or the staff member has been convicted on a charge related to sexual abuse within the facility.

(d): TJJD policy states the facility shall provide notification to the youth (regarding abuse by another youth) when (i) the abuser has been indicted; or (ii) the abuse has been convicted on a charge related to sexual abuse within the facility.

(e): TJJD policy does not require documentation on all such notifications or attempted notifications under this standard.

Recommendation: Develop a process for documenting all notifications or attempted notifications.

Standard 115.376 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy 380.9337 (I)
3. Memorandum from Superintendent documenting 0 terminations
4. Resignations
5. Staff Disciplinary Sanctions

Findings:

(a): TJJD policy states that staff who violate the agency's sexual abuse or sexual harassment policies are subject to disciplinary sanctions up to and including termination. In the past 12 months, the agency reports that no staff has violated the TJJD policy on sexual abuse or sexual harassment. No staff have been terminated, disciplined or resigned for PREA related conduct and there have been no reports of staff misconduct/criminal behavior made to law enforcement.

(b): TJJD policy states that termination of employment is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse.

(c): TJJD policy states disciplinary sanctions will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

(d): TJJD policy requires the agency to report all terminations for violations of TJJD policy on sexual abuse or sexual harassment, or resignations by staff that would have been terminated, if not for their resignation to relevant licensing bodies.

Standard 115.377 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy 380.9337 (I)
3. Memorandum from Superintendent documenting 0 allegations or reprimands

Interviews:

Facility Superintendent

Findings:

(a): TJJD policy prohibits any contractor or volunteer, who engages in sexual abuse, from contact with youths and says the agency shall report to relevant licensing bodies. In the past 12 months, the agency reports that no contractors or volunteers have been reported to the OIG for engaging in sexual abuse of youths. The interview with the Facility Superintendent confirms her knowledge of this requirement.

(b): TJJD policy requires that if a volunteer or contractor violates a policy of sexual abuse or sexual harassment the agency will take appropriate remedial measures. Contact with youths may be prohibited. The facility reported there have not been any cases of a volunteer or contractor who was disciplined for policy violation.

Standard 115.378 Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy: 380.9337 (I)
3. Policy: 380.9555
4. Policy: 380.9503
5. Memorandum from Superintendent documenting 0 disciplines on youths who made allegations.

Interviews:

1. Facility Superintendent
2. Medical and Mental Health Staff

Findings:

- (a): TJJD policy states that a youth may be subject to disciplinary sanctions only after a substantiated finding in an administrative investigation or a criminal finding that a youth participated in the sexual abuse of another youth or staff. The facility reports there have been no administrative or criminal findings regarding youth on youth sexual abuse that have occurred in the facility in the past 12 months. Interviews with the Facility Superintendent confirm his knowledge of the requirements of this standard related to youth discipline.
- (b): TJJD policy states any disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and the sanctions imposed for comparable offenses by other youth with similar histories. Discipline is determined through a Level II due process hearing held in accordance with 380.9555.
- (c): TJJD policy requires the disciplinary process to consider whether a youth's mental disabilities or mental illness contributed to his or her behavior. The interview with the Facility Superintendent indicated this is the practice.
- (d): TJJD policy states that the facility offers therapy, counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. TJJD may require participation as a condition of access to behavior-based incentives, but not as a condition to access general programming. The policy also prohibits the agency from disciplining a youth for sexual contact with staff, unless the staff member did not consent to such contact.
- (e): TJJD policy states that a youth may be disciplined for sexual contact with staff only upon a finding that the staff did not consent to such contact this is proceeded by a criminal investigation by OIG.
- (f): TJJD policy states that a youth may not be disciplined if the youth made a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- (g): TJJD policy prohibits all sexual activity between youths and disciplines youths in accordance with 380.9503. The policy states this is prohibited sexual activity that does not meet the definition of abuse. Regardless, the conduct is counted in the data collection.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy 380.9337 (m)
3. Directive for all youths to receive medical/mental health meeting regardless of intake screening
4. Intake Screenings

Interviews:

1. Medical and Mental Health staff
2. Youths who reported a Sexual Abuse

Findings:

- (a): TJJD policy states regardless of the screening, the facility shall offer all youth, including abusive youth, a follow-up meeting with

medical or mental health practitioners within 14 days of the intake screening. Youth interviews indicate follow-up medical and mental health care is offered. Mental health secondary materials were reviewed demonstrating the youths were offered services. Interviews with staff who conduct the screening indicate that these follow-up services are provided.

(b): TJJD policy states that any information obtained related to sexual victimization or abusiveness that occurred in an institutional setting must be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions including housing, bed, work, education and program assignments. Interviews with staff responsible for the screening indicate that these follow-up services are provided.

(c): Youth information in the EMR system is confidential through University of Texas Medical Branch (UTMB).

(d): TJJD policy states that staff must obtain informed consent from youths age 18 or over before reporting information about prior sexual victimization that did not occur in an institutional setting. Interviews with mental health staff indicate that informed consent is obtained.

Standard 115.382 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy 380.9337 (m)
3. Medical/Mental Health Records

Interviews:

1. Medical and Mental Health staff
2. Youths who reported a Sexual Abuse
3. Staff who conduct Risk Assessments

Findings:

(a): TJJD policy ensures that youth victims of sexual abuse shall receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners per their professional judgement. Interviews with medical and mental health staff confirm this is the practice.

(b): TJJD policy requires that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders must take preliminary steps to protect the victim pursuant to Standard 115.362 and shall immediately notify the appropriate medical and mental health practitioners. The agency reports that there have been no allegations of sexual abuse in the previous 12 months that could have required emergency medical treatment or crisis intervention services. Interviews with staff demonstrate their knowledge of first responder protocols and procedures for acute cases of sexual abuse. Due to youth on youth sexual conduct being counted in the data, the number of actual cases that would have warranted medical attention is unclear.

(c): TJJD policy requires McFadden Ranch to offer youth victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professional accepted standards of care, and where medically appropriate. Interviews with medical staff and the SAFE/SANE Nurse at Denton City Medical confirm that this would occur at the local hospitals where the youth would be transported for the SANE exam.

(d): TJJD policy provides that McFadden Ranch shall offer these treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews corroborate that victims are not charged for these treatment services.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy: 380.9337 (m)
3. Policy: 380.9195
4. INS 71.01 (2)
5. Medical Records
6. On-Going Treatment

Interviews:

1. Medical and Mental Health staff
2. Youths who reported a Sexual Abuse
3. Staff who conduct Risk Assessments

Findings:

(a): TJJD offers medical and mental health evaluations and, as appropriate, treatment to all youths who are victims of sexual abuse in any facility. Interviews with medical and mental health staff indicate this is the practice.

(b): The evaluation and treatment of victims includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

(c): TJJD provides victims with medical and mental health services consistent with the community level of care.

(d): TJJD offers pregnancy tests to youth victims of sexually abusive vaginal penetration that occurs while they are incarcerated at a TJJD facility.

(e): TJJD ensures that if pregnancy results from a sexual assault, youth victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. This is an agency policy, McFadden Ranch only houses males.

(f): TJJD policy requires TJJD to offer tests for sexually transmitted infections, as medically appropriate, to youth victims of sexual abuse that occurs while they are housed at any facility.

(g): TJJD policy requires TJJD to provide all treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(h): TJJD policy requires TJJD to attempt to conduct a mental health evaluation of all known youth-on-youth abusers within 60 days of learning of such abuse history and shall offer treatment when deemed appropriate by mental health.

Standard 115.386 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy: 380.9337 (n)
3. Sexual Abuse Incident Review Form

Interviews:

1. Facility Superintendent
2. PREA Compliance Manager
3. Incident Review Team Member

Findings:

(a): TJJD conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation is determined to be unfounded. The review is conducted by a team made up of upper level management and specialty staff. The team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. The team also looks at whether race; ethnicity; gender identity; status or perceived status as lesbian, gay bisexual, transgender, or intersex; gang affiliation; or other group dynamics at the facility motivated the incident. It will also look at physical barriers, staffing, and monitoring technology. The facility reports that in the past 12 months, there have been no sexual abuse investigations and there have been no sexual abuse incident reviews conducted. Interviews with facility administration indicate their knowledge and understanding of the sexual abuse incident review process as required by this standard and they corroborate this is the practice for all incidents of sexual abuse in the facility. There is a process in place and a review form to document the process.

(b): Agency policy does not require the review to occur within 30 days of the conclusion of the investigation.

(c): Agency policy states that the review team shall include upper- level management officials with input from other appropriate staff as required by this standard.

(d): Agency policy outlines the six required elements the review team must consider in compliance with this subsection. Interviews with facility staff indicate the considerations in this subsection are a part of the team review.

(e): Agency policy requires McFadden Ranch to implement the recommendations for improvement by the review team, or document the reasons for not doing so.

Corrective Action: Adjust policy to include the requirement for reviews to be completed within 30 days of the conclusion of the investigation.

Corrective Action Completed: TJJD provided adopted policy that requires reviews to be completed within 30 days of the conclusion of the investigation.

Standard 115.387 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy: 380.9337 (o)
3. Copy of definitions
4. Data Collection Instrument

Interviews:

1. Superintendent
2. PREA Compliance Manager

Findings:

(a), (b) and (c): Agency policy states that TJJD will collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Policy also requires the data be aggregated at least once each year. The data shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ). The Auditor reviewed the data collection and aggregate report and determined compliance with this section.

(d): Agency policy requires the agency to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

(e): Agency policy requires the agency to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its youths.

(f): Agency policy does not require the agency to provide all such data from the previous calendar year to the DOJ no later than June 30, but a review of documentation indicates this is the regular practice and the data is provided annually.

Standard 115.388 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy 380.9337 (p)
3. Data Reviews/Corrective Actions

Interviews:

1. Facility Superintendent:
2. TJJD Executive Director
3. PREA Compliance Manager
4. PREA Coordinator

Findings:

(a): Agency policy requires TJJD to review data collected and aggregated under Standard 115.387 annually to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training including: 1) identifying problem areas; 2)

taking corrective action on an ongoing basis; and 3) preparing an annual report for each facility and the department as a whole. An interview with the Executive Director and the PREA Coordinator indicated their knowledge of the data review required by this section and they articulated appropriately and effectively how they will use this process to improve their overall PREA compliance and the sexual safety of the facility.

(b): The Auditor reviewed the incident-based sexual abuse data and found that it included a comparison of the previous year's data and corrective actions with those from 2 years' prior. An assessment of the agency's progress in addressing sexual abuse was not provided.

(c): Agency policy requires the TJJD Executive Director to approve the report and make it readily available to the public through the TJJD website. The Auditor verified the data and reports are posted on the agency website.

(d): A review of the posted data indicates TJJD takes appropriate measures to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the youth.

Standard 115.389 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed Pre-Audit Questionnaire
2. Policy: 380.9337 (o) & (p)

Interviews:

1. Facility Superintendent
2. PREA Compliance Manager

Findings:

(a): Per policy, TJJD securely retains all sexual abuse data it collects. The PREA Coordinator confirmed compliance with this standard.

(b): Agency policy states that TJJD will make all aggregated sexual abuse data from facilities under its direct control, and private facilities with which it contracts, readily available to the public through the TJJD website on an annual basis. The Auditor reviewed the data on the website for compliance.

(c): A review of the published data revealed TJJD removes all personal identifiers prior to making aggregated sexual abuse data publicly available.

(d): PREA Standard 115.389 requires TJJD to maintain sexual abuse data for at least 10 years after the date of its initial collection, unless Federal, State, or local law requires otherwise. Historical data is available on the website beginning in 2012.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.

- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Signature



Date

